

HOUSE BILL REPORT

HB 1242

As Reported by House Committee On:
Health Care & Wellness

Title: An act relating to creating a behavioral health work group to study the root causes of rising behavioral health issues in Washington communities.

Brief Description: Creating a behavioral health work group to study the root causes of rising behavioral health issues in Washington communities.

Sponsors: Representatives Dent, Davis, Ortiz-Self, Doglio, Eslick and Lekanoff.

Brief History:

Committee Activity:

Health Care & Wellness: 1/17/23, 2/17/23 [DPS].

Brief Summary of Substitute Bill

- Establishes the Joint Legislative Executive Committee on Behavioral Health (Committee).
- Requires the Office of Financial Management (OFM) to hire staff to provide staff support to the Committee.
- Requires the Committee to submit a five-year plan to the Governor, OFM, and the Legislature by December 1, 2025.

HOUSE COMMITTEE ON HEALTH CARE & WELLNESS

Majority Report: The substitute bill be substituted therefor and the substitute bill do pass. Signed by 14 members: Representatives Riccelli, Chair; Bateman, Vice Chair; Barnard, Bronoske, Davis, Harris, Macri, Maycumber, Mosbrucker, Orwall, Simmons, Stonier, Thai and Tharinger.

Minority Report: Without recommendation. Signed by 3 members: Representatives Schmick, Ranking Minority Member; Hutchins, Assistant Ranking Minority Member;

This analysis was prepared by non-partisan legislative staff for the use of legislative members in their deliberations. This analysis is not part of the legislation nor does it constitute a statement of legislative intent.

Graham.

Staff: Ingrid Lewis, (786-7293).

Background:

According to the Substance Abuse and Mental Health Services Administration, one in five adults in the United States have a clinically significant behavioral health disorder and the prevalence and severity of mental health conditions in children and young adults has increased sharply.

Summary of Substitute Bill:

The Joint Legislative Executive Committee on Behavioral Health (Committee) is established, consisting of three legislative members from each chamber and representation from the following:

- the Governor's Office;
- the Department of Social and Health Services;
- the Health Care Authority;
- the Office of the Insurance Commissioner;
- the Office of Superintendent of Public Instruction;
- the Department of Health;
- the Department of Corrections;
- the Department of Children, Youth, and Families; and
- the Department of Veteran's Affairs.

Membership from each legislative chamber must include a chair of a committee that includes behavioral health within its jurisdiction and a member of the Children and Youth Behavioral Health Work Group.

The Committee must convene by September 1, 2023, and must meet, at a minimum, on a quarterly basis. Cochairs must be selected from among the committee membership. Subject to amounts appropriated, the Office of Financial Management (OFM) shall hire dedicated staff to facilitate and provide staff support to the Committee.

The Committee must establish ad hoc technical advisory committees consisting of at least three stakeholders to focus on specified topics and provide technical analysis and input that is centered around the perspective of individuals with actual and practical experience dealing with the behavioral health system. Advisory groups must be chaired by a member of the Committee. Members of an advisory group with lived experience may receive a stipend of up to \$200 per day if the member participates in the meeting and does not receive compensation from the member's employer or contractor for participation in the meeting.

Behavioral health treatment providers serving on an advisory committee may not represent, or be employed by, any organizations or interest groups representing the interests of health care providers or behavioral health stakeholders.

The Committee must conduct numerous activities, including: establishing a profile of Washington's current and future population and behavioral health needs, as well as an inventory of existing and future services and needs; evaluating the current behavioral health care oversight and management of services and systems by state agencies; exploring the role the education, criminal justice, and affordable and supportive housing and homeless response systems have in identification and treatment of behavioral health issues; evaluating workforce issues; and developing a strategy to prepare for future demographic trends and building the necessary capacity to meet the demands. The work of the Committee must be informed by the past and existing work of behavioral health work groups.

Committee and advisory group meetings are open to the public.

The Committee is authorized to consult with entities with specialized knowledge of the growing behavioral health needs and have access to health-related data available to state agencies by statute.

By December 1, 2025, the Committee is required to submit a sustainable five-year plan to substantially improve access to behavioral health to the Governor, the OFM, and the Legislature. The plan must:

- be based on explicit, measurable goals reflecting a realistic assessment of the current status of the behavioral health system, including the treatments and services available, and the financial and other resources available to provide treatment and services;
- identify the most significant factors contributing to the increased demand for behavioral health services and prioritize strategies to address those factors and achieve identified goals;
- identify what must be done, by whom, and by when to assure implementation of each of the strategies;
- estimate the cost to the party responsible for implementing the strategies;
- recommend fiscal strategies;
- build a foundation for subsequent long-term plans to assure ongoing access to timely and affordable behavioral health care; and
- incorporate and reconcile, where necessary, recommendations from the Children and Youth Behavioral Health Workgroup Strategic Plan and the Crisis Response Improvement Strategy committee.

There is a null and void clause if funding is not appropriated for the Committee and provisions of the act expire June 30, 2026.

Substitute Bill Compared to Original Bill:

The substitute bill removes the underlying provisions and establishes the Joint Legislative Executive Committee on Behavioral Health (Committee) which would consist of six legislative members and representation from the following: the Governor's Office; the Department of Social and Health Services; the Health Care Authority; the Office of the Insurance Commissioner; the Office of the Superintendent of Public Instruction; the Department of Health, the Department of Corrections; the Department of Children, Youth, and Families; and the Department of Veteran's Affairs. The Committee would be staffed by the Office of Financial Management (OFM) which is required to hire staff to facilitate and provide staff support.

The substitute bill directs the Committee to convene by September 1, 2023, and meet on a quarterly basis, at a minimum.

The substitute bill directs the Committee to conduct the numerous activities, including establishing a profile of Washington's current and future population and behavioral health needs, as well as an inventory of existing and future services and needs; evaluating the current behavioral health care oversight and management of services and systems by state agencies; exploring the role the education, criminal justice, and affordable and supportive housing and homeless response systems have in identification and treatment of behavioral health issues; evaluating workforce issues; and developing a strategy to prepare for future demographic trends and building the necessary capacity to meet the demands.

The substitute bill directs the Committee to establish ad hoc technical advisory committees consisting of at least three stakeholders to focus on specified topics and provide technical analysis and input that is centered around the perspective of individuals with actual and practical experience dealing with the behavioral health system. Advisory committee members who have lived experience are permitted to receive a stipend of up to \$200 per day, provided that the member does not receive compensation, including paid leave, from the member's employer or contractor for participation in a meeting.

The substitute bill authorizes the Committee to consult with entities with specialized knowledge of the growing behavioral health needs and have access to health-related data available to state agencies by statute.

The Committee is required to submit a sustainable five-year plan to substantially improve access to behavioral health services to the Governor, the OFM, and the Legislature by December 1, 2025.

There is a null and void clause if funding is not appropriated for the Committee and provisions of the act expire June 30, 2026.

Appropriation: None.

Fiscal Note: Available. New fiscal note requested on February 17, 2023.

Effective Date of Substitute Bill: The bill takes effect 90 days after adjournment of the session in which the bill is passed. However, the bill is null and void unless funded in the budget.

Staff Summary of Public Testimony:

(In support) This group would obtain information that is needed to fix the mental health system. Behavioral health is a top challenge in schools and student behavior is the primary concern. There is no way to get a handle on the issue unless there is a systemic approach.

(Opposed) None.

(Other) There are many people with developmental disabilities who have co-occurring disorders who would not be represented in this group. These individuals languish in hospitals due to the mental health part of their diagnosis.

There should be input from members who work in correctional facilities and jail commanders because there are many people who are seriously mentally ill who are incarcerated. The group is missing expertise from the Health Care Authority.

The Department of Social and Health Services has a rich database of Medicaid recipients and information about their movement through the system. University expertise would be helpful.

Facility providers are an integral part of this puzzle.

Persons Testifying: (In support) Representative Tom Dent, prime sponsor; Marc Stern; and Jared Mason-Gere, Washington Education Association.

(Other) Diana Stadden, The Arc of Washington State; and Katie Kolan, Washington State Hospital Association.

Persons Signed In To Testify But Not Testifying: Steven Pearce, Citizens Commission on Human Rights.